

STATE OF IDAHO
SAFETY AND LOSS CONTROL PROGRAM MODEL

CHAPTER IX – TORT CLAIMS AND PROPERTY LOSSES

2. STATE OF IDAHO ACCIDENT / INCIDENT REPORT

This form is to be filled out by State agencies for incidents **other than auto accidents**, which occur on State property, and sent to Risk Management.

**CONFIDENTIAL – PREPARED IN ANTICIPATION OF LITIGATION
STATE OF IDAHO ACCIDENT / INCIDENT REPORT**

Agency name: _____ **Telephone:** _____

Incident Location: _____

Date of Incident: _____

Name of Injured Party: _____

Address: _____

Telephone: _____ **Age (if known):** _____

Witnesses:	Names	Addresses	Telephone Numbers

Describe the incident in detail, include the nature of the injury or damage, sketch of the scene and photos
(use attachments if necessary):

Attachments: _____ **Photos** _____ **Sketch of scene** _____ **Continued**
_____ **Witness Statements** _____ **Police Report** _____ **Narrative**
_____ **Other**

What were the conditions in the area?

Were there any defective conditions? _____ **Yes** _____ **No**

If yes, describe:

Could the accident have been prevented? _____ **Yes** _____ **No**

If yes, explain:

Are follow up procedures necessary? _____ **Yes** _____ **No**

If yes, by whom:

Report Prepared by: _____ **Date of Report:** _____

Please forward original to Office of Insurance Management, P.O. Box 83720, Boise, ID 83720-0079, Phone (208) 332-1860

CAUTION

Do not use this synopsis to decide coverage. Refer all questions to Office of Insurance Management
As this office has sole responsibility for coverage determinations.